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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing **OR** Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	I-2-0388.1US
First Named Inventor	Hunkeler et al.
<i>COMPLETE IF KNOWN</i>	
Application Number	10/679,804
Filing Date	October 6, 2003
Group Art Unit	2681
Examiner Name	Not Yet Known

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

QUALITY OF SERVICE MAPPING BETWEEN VARIOUS TYPES OF WIRELESS COMMUNICATION SYSTEMS

the specification of which

(Title of the Invention)

is attached hereto

138

was filed on (MM/DD/YYYY) **10/06/2003** as United States Application Number or PCT International

Application Number **10/679,804** and was amended on (MM/DD/YYYY) **01/01/2024** (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
				<input data-bbox="990 1362 1008 1364" type="checkbox"/> YES <input data-bbox="1098 1362 1116 1364" type="checkbox"/> NO
			<input data-bbox="944 1364 962 1368" type="checkbox"/> <input data-bbox="944 1368 962 1370" type="checkbox"/> <input data-bbox="944 1372 962 1374" type="checkbox"/> <input data-bbox="944 1374 962 1379" type="checkbox"/> <input data-bbox="944 1379 962 1381" type="checkbox"/> <input data-bbox="944 1383 962 1385" type="checkbox"/> <input data-bbox="944 1385 962 1389" type="checkbox"/> <input data-bbox="944 1389 962 1391" type="checkbox"/>	<input data-bbox="1098 1364 1116 1368" type="checkbox"/> <input data-bbox="1098 1368 1116 1370" type="checkbox"/> <input data-bbox="1098 1372 1116 1374" type="checkbox"/> <input data-bbox="1098 1374 1116 1379" type="checkbox"/> <input data-bbox="1098 1379 1116 1381" type="checkbox"/> <input data-bbox="1098 1383 1116 1385" type="checkbox"/> <input data-bbox="1098 1385 1116 1389" type="checkbox"/> <input data-bbox="1098 1389 1116 1391" type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/417,088	10/08/2002	

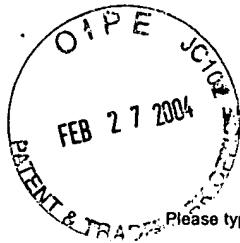
[Page 1 of 3]

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)				
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number 24374 → <input type="checkbox"/> Place Customer Number Bar Code Label here OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below						
Name Namely, the Attorneys of Volpe and Koenig, P.C.	Registration Number	Name				
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.						
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number 24374 <input type="checkbox"/> OR <input type="checkbox"/> Correspondence address below						
Name	VOLPE AND KOENIG, P.C. DEPT ICC					
Address						
Address						
City	State	ZIP				
Country	Telephone	Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Teresa Joanne		Hunkeler				
Inventor's Signature	<i>Teresa Hunkeler</i>		Date	12 Feb 2004		
Residence: City	Montreal	State	Country	Canada	Citizenship	Canada & Swiss
Post Office Address	4243 Wilson Avenue					
Post Office Address						
City	Montreal	State	ZIP	H4A 2V1	Country	Canada
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto						



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Attn. Docket No. I-2-0388.1US

PTO/SB/02A (11-00)

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DECLARATION

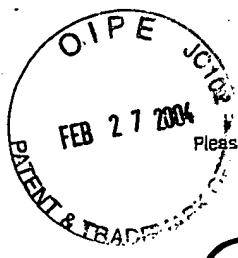
ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Fatih		Ozluturk		
Inventor's Signature			Date	
Residence: City	Port Washington	State	NY	Country
70 Willowdale Avenue		USA		
Citizenship USA				
Mailing Address				
Mailing Address				
City	Port Washington	State	NY	ZIP 11050 Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature			Date	
Residence: City		State		Country
Mailing Address				
Mailing Address				
City		State		ZIP Country
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Inventor's Signature			Date	
Residence: City		State		Country
Mailing Address				
Mailing Address				
City		State		ZIP Country

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Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

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Application Number	10/679,804
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Examiner Name	Not Yet Known

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OR

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			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

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Attny. Docket No. I-2-0388.1US

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number **24374** → Place Customer Number Bar Code Label here
 OR
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Namely, the Attorneys of Volpe and Koenig, P.C.			

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number **24374** OR Correspondence address below

Name	VOLPE AND KOENIG, P.C. DEPT ICC				
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle if any)	Family Name or Surname				
Teresa Joanne	Hunkeler				

Inventor's Signature						Date	
Residence: City	Montreal	State		Country	Canada	Citizenship	Canada & Swiss
Post Office Address	4243 Wilson Avenue						
Post Office Address							
City	Montreal	State		ZIP	H4A 2V1	Country	Canada

Additional inventors are being named on the **1** supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

FEB 27 2004

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Attny. Docket No. I-2-0388.1US

PTO/SB/02A (11-00)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Fatih

Ozluturk

Inventor's
Signature

2/10/04
Date

Residence: City

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State

NY

Country

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Citizenship

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Mailing Address

City

Port Washington

State

NY

ZIP

11050

Country

USA

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

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City

State

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